## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10 | 597, 312

| CLAIMS AS FILED - PART I   |  |   |   |                            |                               |                                      | S        | SMALL ENTITY        |                        |      | OTHER THAN                 |                        |  |
|--|--|---|---|----------------------------|-------------------------------|--------------------------------------|----------|---------------------|------------------------|------|----------------------------|------------------------|--|
|  |  |   | (Column   | 1)                         | (C                            | Column 2)                            | T        | YPE                 |                        | OR . | SMALL E                    | NTITY                  |  |
| U.S. NATIONAL STAGE FEES   |  |   |   |                            |                               |                                      |          | RATE                | FEE                    |      | RATE                       | FEE                    |  |
| BASI   | C FEE  |   | SMALL ENT. =  | = \$ 150                   | LARGI                         | E ENT. = \$ 300                      | В        | ASIC FEE            |                        | OR   | BASIC FEE                  | 300                    |  |
| EXAN   | MINATION FEE                                   |   | Satisfies PCT Art                                     |                            |                               | er situations =<br>100 / \$ 200      | Ε        | XAM. FEE            |                        |      | EXAM. FEE                  | 200                    |  |
| SEAF   | RCH FEE  |   | U.S. is ISA = \$ 9<br>ALL other cour<br>\$ 200 / \$ 4 | 50 / \$ 100<br>ntries =    |                               | her situations = 250 / \$ 500        | s        | EARCH FEE           |                        |      | SEARCH FEE                 | 400                    |  |
| FEE I  | OR EXTRA SE                                    | PEC. PGS.   | minu  | s 100 =                    |                               | / 50 =                               |          | X \$ 125 =          |                        |      | X \$ 250 =                 |                        |  |
| TOTA   | L CHARGEAB                                     | LE CLAIMS   | 5 min   | us 20 =                    | *                             |                                      |          | X \$ 25 =           |                        | OR   | X \$ 50 =                  |                        |  |
| INDE   | PENDENT CLA                                    | AIMS  | ) mi  | nus 3 =                    | *                             |                                      |          | X \$ 100 =          |                        | OR   | X \$ 200 =                 |                        |  |
| MUL  | TIPLE DEPEND                                   | ENT CLAIM PRE   | SENT  |                            |                               |                                      |          | + \$ 180 =          |                        | OR   | + \$ 360 =                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                            |                               |                                      | _        | TOTAL               |                        | OR   | TOTAL                      | 900                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |   |                            |                               |                                      |          | SMALL ENTITY        |                        | OR   | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT  |   | NUM<br>PREVI               | HEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA                     |          | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus   | **                         |                               | =                                    |          | X \$ 25 =           |                        | OR   | X \$ 50 =                  |                        |  |
|  | Independent                                    | *   | Minus   | ***                        |                               | =                                    |          | X \$ 100 =          |                        | OR   | X \$ 200 =                 |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                            |                               |                                      |          | + \$ 180 =          |                        | OR   | + \$ 360 =                 |                        |  |
|  |  |   |   |                            |                               |                                      |          | TOTAL ADDIT.<br>FEE |                        | OR   | TOTAL ADDIT.<br>FEE        | L                      |  |
|  |  |   |   |                            |                               |                                      |          |                     |                        |      |                            |                        |  |
| 8  |  | (Column 1)  CLAIMS  REMAINING  AFTER  |   | HIGI<br>NUM<br>PREV        | IMN 2) HEST MBER IOUSLY D FOR | PRESENT EXTRA                        |          | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | *   | Minus   | **                         |                               | =                                    | 1        | X \$ 25 =           |                        | OR   | X \$ 50 =                  |                        |  |
|  | Independent                                    | *   | Minus   | ***                        |                               | =                                    | 1        | X \$ 100 =          |                        | OR   | X \$ 200 =                 |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                            |                               |                                      | 1        | + \$ 180 =          |                        | OR   | + \$ 360 =                 |                        |  |
|  | <u> </u>                                       |   |   |                            |                               |                                      |          | TOTAL ADDIT.<br>FEE |                        | OR   | TOTAL ADDIT                |                        |  |
| *  | If the "Highest N                              | lumn 1 is less than (<br>lumber Previously P<br>lumber Previously Pa<br>umber Previously Pa | aid For" IN THIS S                                    | SPACE is le<br>SPACE is le | ess than '<br>ess than '      | '20', enter "20".<br>'3', enter "3". | ıd in th |                     | ox in column           | 1.   |                            |                        |  |